

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/16/2008
NAME OF PROVIDER OR SUPPLIER CARSON CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 HIGHWAY 50 EAST CARSON CITY, NV 89701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a follow-up survey conducted on 5/16/08. This follow-up was required for a complaint survey conducted on 2/26/08. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	{F 000}			
F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to assess, monitor, and respond to a resident's complaints of pain in accordance to the facility's policies and procedures for 1 of 6 residents (#1). Findings include: Resident #1: The resident was admitted to the facility on 4/15/08 with diagnoses including chronic pain, hypothyroidism, hypertension, depressive disorder, diverticulosis with surgical intervention, and incisional wound dehiscence. The resident was documented as alert and oriented. Resident #1 was interviewed on 5/16/08 at 11:00	F 281	F281 Resident # 1 discharged to home 5/24/08 A new pain assessment was completed on all residents as of 5/25/08. Physicians notified for any needed for any interventions. Orders obtained and care plans were updated as indicated. Pharmacy consultant reviewed all resident records and made notations or recommendations as needed by 5/28/08.		5/25/08 5/28/08

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 6/5/2008

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1</p> <p>AM. The resident reported that she was in so much pain yesterday that she "was crying in pain, and could not do anything but cry due to severe burning pain." She further stated that she has experienced this type of thing on numerous occasions. She recounted that nurses often respond to her call light and offer to get her pain medication or tell her, "that they will be back in ten minutes or so, and never return" to her room, leaving her in severe pain with no relief. The resident further reported that she is in severe pain greater than 50 percent of the time. She stated that she has complained to "the nurses" numerous times.</p> <p>The Social Worker was interviewed on 5/16/08 at 10:30 AM, and reported that she has not received any grievances or complaints related to the resident's pain.</p> <p>Record review revealed that the resident had complained of unrelieved pain with no attempt by the facility to contact the resident's physician to obtain an order for medication to relieve her pain.</p> <p>Review of the Daily Skilled Nurses Notes written on 4/26/08 revealed that the resident was treated for pain prior to treatments with poor relief. The note also documented that the facility called the physician for antibiotics to treat an infection. There was no evidence that the physician had been made aware of the patient's ongoing, unrelieved pain prior to 5/8/08 when it was documented in the Care Plan Conference Notes "Dr. notified of need for increased pain management."</p> <p>Review of an entry made in the "Activity Care Plan" on 4/30/08 revealed that the resident's</p>	F 281	<p>All licensed nurses completed facility pain management training by 3/26/08.</p> <p>All residents identified to have or need routine or PRN pain medication have been placed on alert charting per facility pain management policy. Residents' pain management will be monitored through the facility's grievance procedure, monthly resident council meetings, and random interviews with residents using the attached form (F 281a). Interviews will be done as follows: three residents per week for two weeks and then monthly for three months beginning week of 6/2/08.</p>	3/26/08	6/2/08 & ongoing

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F 281	<p>Continued From page 2</p> <p>pain symptoms interfered with her desire and ability to participate in activity programs.</p> <p>The resident's nursing Care Plan contained numerous points addressing the resident's pain as follows:</p> <p>Goal: Resident will have pain controlled and maintain at a tolerable level, if not fully diminished, of each occurrence daily, show a decrease in episodes through next 90 days.</p> <p>Approaches:</p> <ol style="list-style-type: none"> 4. Administer scheduled and as needed pain medication per physician's order. 5. Monitor and record medication effectiveness/potential medication adverse effects. 6. Monitor medication ineffectiveness, i.e. decrease in range of motion, decreased ability to do own activities of daily living, splinting/rubbing of body parts, behavioral changes, anxiety, grimacing, etc. 7. Notify Physician of medication ineffectiveness <p>Review of the facility 's policy and procedure revealed the following under Section II, Unit I, Policy:</p> <ol style="list-style-type: none"> 1. The facility recognizes that it has a commitment to provide patients/residents with a quick response to reports of pain, and will encourage patients/residents to participate in their pain management. 2. The facility recognizes its role to educate the staff/patient/resident/family in all aspects of pain management. 3. Qualified staff will implement the facility pain assessment/reassessment for patients/residents experiencing either acute or chronic pain. 4. Qualified staff will recognize that pain is a co-existing condition with a number of diseases 	F 281			

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F 281	<p>Continued From page 3</p> <p>and injuries, and will require explicit attention, e.g. a patient/resident with breast cancer is effectively treated not only for the actual illness but also for any associated pain.</p> <p>5. Qualified staff will recognize that unrelieved pain has an enormous physiological and psychological effect on patients/residents, therefore, will effectively manage pain as an integral component of their care.</p> <p>6. The facility will recognize the rights of the patient/resident which includes:</p> <p>a. The patient/resident has a right to effective pain management.</p> <p>b. The patient/resident can expect that his/her complaint will be believed</p> <p>c. The patient/resident has a right to appropriate assessment and reassessment of pain.</p> <p>d. The patient/resident can expect interdisciplinary communication in the management of pain.</p> <p>e. The patient/resident and family will be educated and informed of the pain management process and their related role.</p> <p>f. Pain will be considered the fifth vital sign</p> <p>(Facility's) Definition of Pain: "Pain can be defined as an individual's unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. (National Institute of Nursing Research 1994) It is a complex phenomenon that takes into consideration sensory stimulation that has been modified by the individual's pain memory, expectations, and emotions. Pain is whatever the person experiencing it says it is, existing whenever the experiencing person says it does." (McCaffery & Beebe, 1998) Pain is a highly subjective, personal experience for which there</p>	F 281			

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F 281	Continued From page 4 are no consistent objective biological markers."	F 281			

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